Payment to Agency R	eport	A Public D	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California On4
City of San Jose				San J <b>ö</b> se City	Form OU I
Division, Department, or Rec	jion (if applicable)		'n	ALCOOT II DI	For Official Use Only
City Manager's Office			4	DISOCT II PA	12:18
Street Address				SE OTU	
200 E. Santa Clara Street,	San Jose, CA 951	13			
Area Code/Phone Number	Email			☐ Amendment (	explain in comment section)
(408) 535-8100	webmaster.manager@sanjoseca.gov		.gov		
Agency Contact (name and title)				Date of Original F	iling: (month, day, year)
Norberto Duenas, City Man	ager				
. Donor Name and Addre	SS				
☐ Individual			. 🔽 Other	San Jose State	
Last Name	First	t Name		C	Name A 95192
One Washington Square		San Jose		Sta	
·		Oily		0.0	
If "Other" is marked, describe the entity'	s business activity (if busin	ness) or its nature and in	nterests.	-	
If applicable, in	dentify the name of e	each source and th	e amount(s) re	eceived by the don	or for this payment:
	\$				\$
Name  . Payment Information (C		Amount		Name	Amount
Transportation Provider		Location of Travel Air B Check Applicable B		Other	Dates (month, day, year)  Name of Lodging Facility
\$ \$.	Meal Expenses	\$ Transportation Ex	rpenses \$_	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		9/10/16	<u> </u>	780.00
			Dates (month, d	*** *	Total Expenses
3.2. Payment Description.	Provide a speci	fic description o	of the payme	nt and its agen	cy purpose and use.
San Jose State Universions San Jose Employee Ap					employees for a City of
3.3. Identify the officials was See attached form 802	rho used the payı	ment in Section	3.1 (See instruc	itions)	
Last Name	First Nam		Positi	ion/Title	Department/Division
Edd (Name	, not risin			,	2343
Last Name	First Nam	ne	Posit	ion/Title	Department/Division
Verification I authorized the acceptance	of the reported pa	yment(s) as in co	ompliance wit	h FPPC regulatio	ons.
Signature	s Norbery	Print Name	s Ciù	Title (	(month, glay, year)
Comment:					

Clear Page

(Use this space or an attachment for any additional information)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of San Jose For Official Use Only Division, Department, or Region (if applicable) City Manager's Office Designated Agency Contact (Name, Title) Norberto Duenas, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (408) 535-8100 webmaster.manager@sanjoseca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 20.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: SJSU/Portland State Football Game Date(s) 9 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☑ Was ticket distribution made at the behest Yes ☐ No ☒ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes City of San Jose City of San Jose Employee Appreciation Day 89 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🗵 Income See attached list of employees If checking "Ceremonial Role" or "Other" describe below. City of San Jose Employee Appreciation Day Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** N/A 4. Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee Print Name City Moved (month, day, year)

Comment:

## CSJ Employee Appreciation Event - 9/10/16 Football Game Spartan vs. Portland

Last Name	First Name	Qty of Tickets
Albayalde	Joseph	2
Aldridge	Jason	2
Alexander	Linda	2
Avalos	José	2
Barmore	David	2
Birhanemeskel	Yonas	2
Bittner	Jim	2
Brooks	Ed	2
Brown	Michael	2 .
Buchanan	Robert	1
Capurso	Gina	. 2
Carrigan	Ryan	2
Chen	Genhan	2
Coleman	Jay	2
De Castro	Fidel	2
Dwyer	George	2
Formico	Paul	2
Fournier	David	2
Garcia	Alma	2
Garcia	Arturo	2
Giovannetti	Mark	2
Goodwin	Melody	2
Kane	Anthony	2
Lipari	Mark	2
Lozano	Robert	2
Mack	Karen	2
Martinez	Bianca	2
Mehta	Smita	2
Moody	Doug	2
Mora	Rebecca	2
Morin	Rita	2
Nieves	Gerardo	2
O'Dea	Kyle	2
Ojigho	Kristi	2
Peralez	Raul	2
Rangel	Charles	2
Rodriguez	Max	2
Saavedra	Joshua	2
Sabatelli	Gordana	2
Shelton	Matt	2
Smith	Todd	2
Sonora	Patricia	2
Walters	Katherine	2
Wright	Kenney	2
Yang	Yannina	2
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